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FACSIMILE COVER SHEET

TO:	Examiner Anh Vo Group Art Unit: 2861		
FROM:	Michael K. O'Neill		
RE:	U.S. Application No. 10/671,619 Our Ref.: 01272.020637		
FAX NO.:	(703) 872-9306		
DATE:	July 6, 2005	NO. OF PAGES:	13 (including cover page)
TIME:	12:50	SENT BY:	<i>[Signature]</i>

MESSAGE

2005 Attached is a Amendment in response to the Office Action dated May 9,

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Michael K. O'Neill
Michael K. O'Neill, Reg. No. 32,622

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In re Application of:

Docket No. 01272.020637

NOBUYUKI KUWABARA, et al.

Application No.: 10/671,619

Examiner: A. Vo

Filed: September 29, 2003

Group Art Unit: 2861

For: INK SUPPLY SYSTEM, INK JET PRINTING
 APPARATUS, INK CONTAINER, INK
 REFILLING CONTAINER AND INK JET
 CARTRIDGE

Date: July 6, 2005

THE COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 57	MINUS	** 92	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 1	MINUS	*** 3	= 0	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180°/\$360						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

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Form #120

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

NOBUYUKI KUWABARA, et al.

Application No.: 10/671,619

Filed: September 29, 2003

For: INK SUPPLY SYSTEM,
INK JET PRINTING
APPARATUS, INK
CONTAINER, INK
REFILLING CONTAINER
AND INK JET CARTRIDGE

Examiner: A. Vo

Group Art Unit: 2861

July 6, 2005

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Commissioner for Patents
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Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated May 9, 2005, please amend the
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